

Exercise Guidelines to Promote Health and Well-Being

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Introduction

There are numerous examples of exercise interventions in the current literature to promote health and prevent/treat many chronic noncommunicable diseases, stress, and functional syndromes. On the other hand, sedentariness is increasing and to transform a sedentary subject into a regular exerciser is not only very difficult but considered by some unrealistic in current clinical practise. When a physical activity intervention outgrows the research setting and becomes embedded in a system, it is considered truly effective, ensuring the maintenance and sustainability of its health benefits. Physicians must have specific skills in order to improve their patients' exercise habits. These range from traditional clinical competencies to technical competencies for correctly prescribing exercise to behavioural medicine competencies for motivating the subject. Only if the subject actually performs the prescribed exercise and this results in an improvement of physiological mechanisms such as endocrine, immunological, and autonomic controls is an exercise prescription considered correct from a behavioural and medical standpoint. It aims to provide a tailored prescription that begins with the subject's assessment, continues with the definition of clinical goals/possible limitations, and concludes with the subject performing exercise and obtaining results [1-4].

Discussion

The treatment and prevention of chronic non-communicable diseases (CNCDS) is one of the most important objectives and challenges for governments and medical facilities all over the world. Since Hippocrates' writing in the fifth century BC, interventions aimed at enhancing lifestyles have played a crucial role in this scenario. He wrote: We would have discovered the safest path to health if we could provide each person with the appropriate amount of food and exercise; not too little or too much. This statement explains not only how important exercise and nutrition are, but also how important it is to titrate their "dose" like you would a medicine. The role of regular physical activity in influencing health grew to the point where it was proposed as a possible therapy at the end of the nineties. Ten years later, when the scientific community launched the slogan "exercise is medicine," it was considered itself an official treatment. Today, it is considered a sustainable tool both for individual health and community and a real tool to foster health and well-being in the general population and not just in patients affected by chronic diseases [5,6].

Conclusion

The observation that social environments have a significant impact on individual behavioral choices, thereby affecting health, further supports the significance of addressing lifestyle factors in the prevention and management

of CNCDS. The connection between behavior and social ties is well-established, and it may play a significant role in both improving health (for instance, sport participation improves overall health) and worsening it (for example, network phenomena appear to be relevant to the biologic and behavioral trait of obesity, and obesity appears to spread through social ties). However, these considerations immediately suggest that successful interventions reduce the incidence of chronic diseases and, in general, foster health. On the other hand, the benefits of a healthy lifestyle, particularly exercise, are related to the improvement of social relationships, socialization, reduction of illegal behaviors, reduction of isolation and depression, stress management, and improvement of work and academic performance.

Acknowledgement

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Conflicts of Interest

None.

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